

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BN</i>		10-12-11
O.I.P.E. CLASSIFIER		10	10-22-11
FORMALITY REVIEW		1125	11/15/11
RESPONSE FORMALITY REVIEW	<i>HC</i>	712	02-03-12

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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